

PERMIT FEES:

ROOF **\$100**

SIDING **\$100**

WINDOWS* **\$100**

*(Replacement-using existing opening)

STAIRS **\$100**

(Need Sketch & Description)



**TOWN OF WESTFORD
BUILDING DEPARTMENT**

TOWN HALL
55 Main Street
WESTFORD, MA 01886
Telephone (978) 692-5527 Fax (978) 399-2558

Permit # _____

Check # _____

Fee Paid \$ _____

Date: _____

**ROOF/SIDING/REPLACEMENT WINDOWS/STAIRS
PERMIT**

Date: _____

Location of Property: _____

Name of Applicant: _____ Phone No. _____

Address: _____

Name of Contractor: _____ Phone No. _____

Address: _____

License No: _____ Registration No.: _____

Owner (s) Name: _____ Phone No. _____

Address: _____

Signature of Owner or Authorized Representative

Date: _____

Printed Name of Owner or Authorized Representative

Approved/Disapproved by Building Commissioner: _____

Date Issued: _____